

Application # _____

Date _____

**Town of St. Michaels
Building Permit/Zoning Certificate Application 2021**

Property Address: _____

Type of Construction: Residential _____ Commercial _____

Complete Project Description _____

Value of Construction \$ _____

Fees Paid: **Building Permit** _____

Zoning Certificate _____

 Sprinkler System _____

 Water Connection or upgrade _____

 Talbot County Impact Fee _____

Total Fees Paid _____

Please check one of the boxes below for primary contact to receive permit information:

☐ **Property Owner(s)** _____

Mail Address _____

Daytime Telephone _____ **FAX:** _____ **Email:** _____

☐ **Contractor** _____

Mail Address _____

Daytime Telephone _____ **FAX:** _____ **Email:** _____

MHIC# _____

☐ **Applicant:** _____

Mail Address _____

Daytime Telephone _____ **FAX:** _____ **Email:** _____

Property Information:

Zone: _____ Acres/ Lot size: _____ Tax Map: _____ Parcel: _____

Land Use: Residential _____ Commercial _____ Other _____ **No. of Stories** _____ **Height** _____

Road Frontage: _____ Longest Depth (front to rear): _____

Flood Zone Designation: _____ Exempt from Flood Zone compliance? Yes/No? Critical Areas Designation _____

Setbacks:

Proposed: **Front:** _____ **Side:** _____ **Side:** _____ **Rear:** _____

Required: **Front:** _____ **Side:** _____ **Side:** _____ **Rear:** _____

Type of Construction: (Circle One) Site built / Pre-engineered / Modular

Subcontractor Information: Include contact information: Name/Company Number Email

Electric Permit Required: Yes / No

Plumbing Permit Required: Yes / No

Mechanical/HVAC Permit Required: Yes / No

Fire Sprinklers Required: Yes / No

Gas or Propane **Yes / No**

Applicant's Certification:

By completing this application the applicant hereby certifies as follows, under penalty of perjury (1) I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their agent (2) That the information in this application and construction documents provide full disclosure and a complete description of the project; and (3) That the information contained in the application and construction documents is in compliance with all applicable covenants and or deed restrictions.

If a permit is issued the applicant further certifies as follows; (1) That I will comply with all applicable codes of St. Michaels and the State of Maryland; (2) that I will perform no work on the above property not specifically included in this application and construction documents; and (3) That Town Officials shall have authority to enter areas covered by such permit to enforce the codes applicable to such permit.

Applicant's Signature: _____ Date: _____

Print Applicant's Name: _____

A Letter of Completion or Occupancy Permit will be required prior to the use of the structure for which a permit has been issued.

INSPECTIONS:	Required	Approved		Required	Approved
Plan Review	_____	_____	Insulation	_____	_____
Location & Setbacks	_____	_____	Plumbing	_____	_____
Footing	_____	_____	Electrical	_____	_____
Foundation	_____	_____	HVAC	_____	_____
Framing	_____	_____	Sprinkler System	_____	_____
Fire Marshal (New residential & All commercial renovations).			Gas or Propane	_____	_____
			Final	_____	_____

Building (MDIA) Inspector: _____ **Codes Enforcement Officer:** _____

OTHER APPROVALS

Historic Dist Comm.	_____	_____	Water Connection	_____	_____
Board of Appeals	_____	_____	Sewer Connection	_____	_____
Planning Commission	_____	_____	Floodplain	_____	_____
CA 10% Rule	_____	_____	Sediment/Erosion	_____	_____
Fire Marshal	_____	_____	Impact Fee	_____	_____

ZONING CERTIFICATE/BUILDING PERMIT

Having reviewed application # _____ for a Zoning Certificate/Building Permit and the proposed action, structure, and/or use being found in conformity with Chapter 340 and other construction related chapters as set out in the Code of the Town of St. Michaels, MD, I hereby issue this **ZONING CERTIFICATE/BUILDING PERMIT with the following conditions as noted:**

This Zoning Certificate/Building Permit expires 12 months from its date of issuance, if the work for which it is issued has not begun, or 24 months from its date of issuance if the work for which it is issued is not completed.

Date _____ Zoning Inspector _____

OCCUPANCY PERMIT

Inspection of the completed work described on the permit having been made on the above dates, an **Occupancy Permit** is hereby authorized based on use, arrangement, and construction.

Date: _____ Zoning Inspector _____